Fill	in this informa	ation to identify your case:			
	otor 1	Chistopher Michael Bireline			
		First Name Middle Name Last Name			
1	otor 2 suse if, filing)	Jill Jeanette Bireline First Name Middle Name Last Name			
Uni	ted States Banl	kruptcy Court for the: NORTHERN DISTRICT OF OHIO			
Cas	se number 18	3-16461			
(if kn	lown)		_		f this is an ed filing
-		m 106Sum			
Su	mmary of	Your Assets and Liabilities and Certain Statistical Information		12	2/15
info	rmation. Fill or r original form	nd accurate as possible. If two married people are filing together, both are equally responsible fout all of your schedules first; then complete the information on this form. If you are filing amend s, you must fill out a new <i>Summary</i> and check the box at the top of this page. rize Your Assets	ed sc	hedule	s after you file
				our ass alue of	sets what you own
1.		B: Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B	\$		155,000.00
	1b. Copy line	62, Total personal property, from Schedule A/B	\$		39,653.73
	1c. Copy line	63, Total of all property on Schedule A/B	\$		194,653.73
Par	t 2: Summa	rize Your Liabilities			
				our liat	oilities you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$		151,484.00
3.		F: Creditors Who Have Unsecured Claims (Official Form 106E/F) total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$		0.00
	3b. Copy the	total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$		187,518.39
		Your total liabilities	\$		339,002.39
Par	t 3: Summa	rize Your Income and Expenses			
		·			
4.		Your Income (Official Form 106I) mbined monthly income from line 12 of Schedule I	\$		4,785.82
5.		Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J	\$		6,316.97
Par	t 4: Answer	These Questions for Administrative and Statistical Records			
6.		g for bankruptcy under Chapters 7, 11, or 13? have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur oth	er sche	edules.
7.	YesWhat kind of	debt do you have?			

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

p

page 1 of 2

Case number (if known) 18-16461

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

12,886.67

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	is information to							
Debtor 1	Chist First Nar		Michael Birelir	le Name	Last Name			
Debtor 2	Jill Je	anette	Bireline					
(Spouse, if fi	First Nar	me	Mido	le Name	Last Name			
United St	tates Bankruptcy (Court for	the: NORTHE	RN DIST	TRICT OF OHIO			
Case nun	mber 18-16461							☐ Check if this is a
								amended filing
	al Form 10		-					
Sche	edule A/E	3: Pr	operty					12/15
	ery question. Describe Each Resid	dence, Bı	illding, Land, or C	ther Rea	l Estate You Own or Have an Interest In			
	•	gal or eq	uitable interest in	any resid	dence, building, land, or similar property?			
□ No. 0 ■ Yes.	own or have any le		uitable interest in	Í	dence, building, land, or similar property? t is the property? Check all that apply			
□ No. 0 ■ Yes.	Go to Part 2.		uitable interest in	Í		Do not ded	uct secured cla	ims or exemptions. Put
□ No. 0 ■ Yes.	Go to Part 2. Where is the prope	rty?		Í	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	t of any secured	ims or exemptions. Put I claims on Schedule D: as Secured by Property.
☐ No. 0 ■ Yes. .1 592 Stree	Go to Part 2. Where is the prope 25 Lee Road et address, if available, of	or other des	cription	Wha _ □	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	t of any secured Who Have Clain	I claims on Schedule D:
□ No. 0 ■ Yes. 1.1 592 Stree	Go to Part 2. Where is the prope	or other des	eription 44039-0000	Wha 	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current va	t of any secured Who Have Clain ulue of the perty?	I claims on Schedule D: as Secured by Property. Current value of the portion you own?
□ No. 0 ■ Yes. 1.1 592 Stree	Go to Part 2. Where is the prope 25 Lee Road et address, if available, of	or other des	cription	Wha	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current va entire prop	t of any secured who Have Clain ulue of the perty? 55,000.00 he nature of you	Current value of the portion you own? \$155,000.00
☐ No. C ■ Yes. 11 592 Stree	Go to Part 2. Where is the proper state of th	or other des	eription 44039-0000	Wha	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current va entire prop \$15 Describe t (such as for a life estate	t of any secured who Have Clain ulue of the perty? 55,000.00 he nature of you	Current value of the portion you own? \$155,000.0 Sur ownership interest ancy by the entireties, of the post of the portion to
□ No. C ■ Yes. 11 592 Stree Nor City	Go to Part 2. Where is the properation of the prop	or other des	eription 44039-0000	Wha	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current va entire prop \$15 Describe t (such as for a life estate	t of any secured who Have Clain lue of the perty? 55,000.00 he nature of your simple, tena e), if known.	Current value of the portion you own? \$155,000.00 Surrownership interest ancy by the entireties, o
□ No. C ■ Yes. .1 592 Stree	Go to Part 2. Where is the properation of the prop	or other des	eription 44039-0000	Wha	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$15 Describe t (such as fr a life estat Debtors	t of any secured who Have Claim alue of the perty? 55,000.00 he nature of your see simple, tenate), if known. own jointly	Current value of the portion you own? \$155,000.00 Surrownership interest ancy by the entireties, o
□ No. C ■ Yes. 1.1 592 Stree Nor City	Go to Part 2. Where is the properation of the prop	or other des	eription 44039-0000	Wha	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current va entire prop \$15 Describe t (such as fe a life estat Debtors	t of any secured who Have Claim alue of the perty? 55,000.00 he nature of your seas simple, tensely, if known. own jointly of this is compared to the comp	Current value of the portion you own? \$155,000.00 Sur ownership interest ancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

		Chistopher Michael Bireline Iill Jeanette Bireline	e	Case number ((if known) 18-1	6461
3. C	ars, vans	, trucks, tractors, sport utility	vehicles, motorcycles			
			•			
	No					
-	Yes					
		Chavralat		Do not o	deduct secured cla	aims or exemptions. Put
3.1		Chevrolet	Who has an interest in the property? Check one	the amo	unt of any secure	d claims on Schedule D:
	Model:	Mailbu	_ Debtor 1 only	Creditor	s Who Have Clair	ns Secured by Property.
	Year:	2014 mate mileage:	Debtor 2 only		value of the roperty?	Current value of the portion you own?
		formation:	_ □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	entire p	roperty:	portion you own:
		Lormet Community	At least one of the deptors and another			
	\$4,108		☐ Check if this is community property		\$1,500.00	\$1,500.00
	To ret	ain and pay	(see instructions)			
3.2	Make:	Chevrolet	Who has an interest in the property? Check one			aims or exemptions. Put d claims on Schedule D:
	Model:	Silverado	Debtor 1 only			ns Secured by Property.
	Year:	2016	_ Debtor 2 only	Current	value of the	Current value of the
	Approxi	mate mileage:	Debtor 1 and Debtor 2 only		roperty?	portion you own?
		formation:	At least one of the debtors and another			
		:: GM Financial (\$426.59 /	I		Unknown	Unknown
		29 months remaining se term)	Check if this is community property (see instructions)		CHRIOWII	
		ain and pay				
		• •				
	No Yes	ollar value of the portion you	own for all of your entries from Part 2, includir	ng any entries fo	or	
			te that number here			\$1,500.00
Dout	2. D	ibe Your Personal and Household	d bearing			
Part Do			interest in any of the following items?		<u>[</u>	Current value of the portion you own? On not deduct secured claims or exemptions.
	Examples:] No	I goods and furnishings Major appliances, furniture, line	ens, china, kitchenware			
	Yes. De	escribe				
			oods and furnishings. No single item has 75 if individually owned and \$1,150.00 if jo			\$5,300.00
<i>E</i>] No		video, stereo, and digital equipment; computers, p s, media players, games	orinters, scanners	; music collectio	ons; electronic devices
			, VCR(s), computer(s),cell phone(s) ect Nulle in excess of \$575 if individually owne bintly owned			\$700.00

Debtor 1 Debtor 2	Chistopher M Jill Jeanette	lichael Bireline Bireline	Case number (if known)	18-16461
Example □ No		figurines; paintings, prints, or other artwork; books, pictures, o ins, memorabilia, collectibles	r other art objects; stamp, coin	, or baseball card collections;
		Precious Moments Figurines \$300 Quarter Collection \$50 Pictures \$75		\$425.00
	ent for sports ar es: Sports, photog musical instru	graphic, exercise, and other hobby equipment; bicycles, pool t	ables, golf clubs, skis; canoes	and kayaks; carpentry tools;
10. Firearn		, shotguns, ammunition, and related equipment		
11. Clothe : Examp □ No		thes, furs, leather coats, designer wear, shoes, accessories		
		Clothing (H) - Misc \$250 (W) - Misc \$250		\$500.00
□ No		velry, costume jewelry, engagement rings, wedding rings, heir	loom jewelry, watches, gems, o	gold, silver
		Jewelry (H) - Misc \$50 (W) - Misc \$50 - Wedding ring \$600		\$700.00
Examp ■ No	rm animals bles: Dogs, cats, b	oirds, horses		
■ No	her personal and	I household items you did not already list, including any hormation	nealth aids you did not list	
		of all of your entries from Part 3, including any entries for number here		\$7,625.00
	scribe Your Finand In or have any le	ial Assets gal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.

	ebtor 1 ebtor 2	Chistopher Mid Jill Jeanette B			Case number (if known) 18	-16461
16.	□ No ´		•	•	ome, in a safe deposit box, and on hand when you file your petition	
					Cash on hand (H) - \$50 (W) - \$20	\$70.00
17.					bunts; certificates of deposit; shares in credit unions, brokerage houses with the same institution, list each.	es, and other similar
	_				Institution name:	
	— 165		17.1.	Checking	Chase Better Banking Last deposit 10/20/18 \$1,968.61 (Husband's pay check)	\$925.23
			17.2.	Checking	Chase Bank	\$0.00
18.	Example ■ No	mutual funds, or les: Bond funds, in	vestme		okerage firms, money market accounts	
19.		blicly traded stoc			orated and unincorporated businesses, including an interest in a	an LLC, partnership, and
	■ No			about themne of entity:	 % of ownership:	
20.	Negotia Non-ne	able instruments in	clude p	ersonal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	■ No □ Yes. 0	Give specific inform		about them uer name:		
21.		nent or pension ad les: Interests in IRA			103(b), thrift savings accounts, or other pension or profit-sharing plans	s
	■ Yes. L	ist each account s		ely. of account:	Institution name:	
			IRA		American Funds	\$10,386.09
			401k		Aimbridge Hospitality	\$4,006.00
22.	Your sh Example		deposit	s you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies,	or others
	■ No □ Yes				Institution name or individual:	
23.	■ No	`		, ,	ey to you, either for life or for a number of years)	
	☐ Yes	Issue	er nam	e and description.		

Debtor 1 Debtor 2	Chistopher Michael Birelin Jill Jeanette Bireline	е	Case number (if known)	18-16461
	ts in an education IRA, in an acc. .C. §§ 530(b)(1), 529A(b), and 529		am, or under a qualified state tuition pro	gram.
☐ Yes.	Institution name an	d description. Separately file the r	records of any interests.11 U.S.C. § 521(c):	
■ No	s, equitable or future interests in Give specific information about the		isted in line 1), and rights or powers exe	rcisable for your benefit
	es, copyrights, trademarks, trade ples: Internet domain names, webs			
■ No □ Yes	Give specific information about the	em		
27. Licens <i>Exam</i> ■ No	ses, franchises, and other gener	al intangibles enses, cooperative association h	oldings, liquor licenses, professional license	es
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	funds owed to you Give specific information about th	em, including whether you already	y filed the returns and the tax years	
		2018 Federal and State Tax Portions of the Federa any, attributable to earned and/or additional child tax cal being claimed as 100% Portions of the tax refu not attributable to earn and/or child tax credits subject to to other exemptions w	I Tax Refund, if income credit re credit are sexempt. Und ned income s may be	
		be determined	mon are yet to	Unknown
■ No		y, spousal support, child support,	maintenance, divorce settlement, property	settlement
Exam _i ■ No	amounts someone owes you ples: Unpaid wages, disability insu benefits; unpaid loans you m		s, sick pay, vacation pay, workers' comper	nsation, Social Security
31. Interes	sts in insurance policies	ance; health savings account (HS	A); credit, homeowner's, or renter's insuran	се
□ No ■ Yes.	Name the insurance company of Company r		Beneficiary:	Surrender or refund value:

Debtor 2	Jill Jeanette Bireline	Case number (if known)	18-16461
	Ameriprise Life Insurance		
	Whole Life Insurance		
	Face value: \$263,492		
	Beneficiary: Spouse	Spouse	\$13,492.00
	Cash surrender value: \$13,492	Spouse	\$13,492.00
	New York Life Insurance Company		
	Term Life Insurance		
	Face value: \$250,000 Beneficiary: Spouse		
	No cash surrender value	Spouse	\$0.00
-			
	New York Life Insurance Company		
	Whole Life Insurance		
	Face value: \$27,218.25		
	Insured: Child Beneficiary: Debtor, Husband		
	Cash surrender value: \$713.43	Debtor, Husband	\$713.43
	<u></u>		
	New York Life Insurance Company		
	Whole Life Insurance		
	Face value: \$26,705.75		
	Insured: Child		
	Beneficiary: Debtor, Husband Cash surrender value: \$935.98	Debtor, husband	\$935.98
-	Casii Surrender Value. \$935.96		
	Aimbridge Hospitality	Employee group term	\$0.00
	Employee group term life insurance	e life insurance	\$0.00
If you some No Yes. 33. Claim: Exam No Yes. 34. Other No Yes.	nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insone has died. Give specific information s against third parties, whether or not you have filed a lawsuite poles: Accidents, employment disputes, insurance claims, or rights. Describe each claim contingent and unliquidated claims of every nature, including the poles in the poles.	surance policy, or are currently entitled to rece t or made a demand for payment to sue	
☐ Yes.	. Give specific information		
	the dollar value of all of your entries from Part 4, including an Part 4. Write that number here		\$30,528.73
Part 5: De	escribe Any Business-Related Property You Own or Have an Interest Ir	n. List any real estate in Part 1.	
37. Do you	own or have any legal or equitable interest in any business-related pr	roperty?	
No. G	o to Part 6.		
☐ Yes.	Go to line 38.		
Official For	rm 106A/B Schedule A/B: Pi	roperty	page 6
Software Copy	right (c) 1996-2018 Best Case, LLC - www.bestcase.com		Best Case Bankruptcy

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Debtor 1 Debtor 2	Chistopher Michael Bireline Jill Jeanette Bireline	Case number (if known)	18-16461
	scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an In ou own or have an interest in farmland, list it in Part 1.	nterest In.	
No. 0	own or have any legal or equitable interest in any farm- or commercial f Go to Part 7. Go to line 47.	fishing-related property?	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List About	ve	
53 Do you	have other property of any kind you did not already list?		

54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$155,000.00 56. Part 2: Total vehicles, line 5 \$1,500.00 57. Part 3: Total personal and household items, line 15 \$7,625.00 Part 4: Total financial assets, line 36 \$30,528.73

Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

Total personal property. Add lines 56 through 61... \$39,653.73 Copy personal property total \$39,653.73

63. Total of all property on Schedule A/B. Add line 55 + line 62

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

■ No

\$194,653.73

Official Form 106A/B Schedule A/B: Property page 7 Best Case Bankruptcy

Fill in this infor	mation to identify your	case:			
Debtor 1	Chistopher Micha	ael Bireline			
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
_	18-16461				
(if known)					Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	art 1: Identify the Property You Claim as I	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	отпольно и по разролу	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
De	ebtor 1 Exemptions				
	5925 Lee Road North Ridgeville, OH 44039 Lorain County	\$155,000.00		50%	Ohio Rev. Code Ann. § 2329.66(A)(1)
	Lien: NationStar Bank / Mr. Cooper \$133,726.08 To retain and pay Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020:00(/-)(/-)
	Household goods and furnishings.	\$5,300.00		50%	Ohio Rev. Code Ann. §
	No single item has a value in excess of \$575 if individually owned and \$1,150.00 if jointly owned Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
	Television(s), VCR(s), computer(s),cell phone(s) ect No	\$700.00		\$350.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	single item has a value in excess of \$575 if individually owned and \$1,150.00 if jointly owned Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	2329.00(A)(4)(a)
	Precious Moments Figurines \$300 Quarter Collection \$50	\$425.00		50%	Ohio Rev. Code Ann. §
	Pictures \$75 Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(18)

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 5

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Clothing (H) - Misc \$250 (W) - Misc \$250 Line from Schedule A/B: 11.1	\$500.00	■	\$250.00 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Jewelry (H) - Misc \$50 (W) - Misc \$50	\$700.00	■	\$50.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
- Wedding ring \$600 Line from Schedule A/B: 12.1			any applicable statutory limit	
Cash on hand (H) - \$50	\$70.00		\$50.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
(W) - \$20 Line from <i>Schedule A/B</i> : 16.1			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Better Banking Last deposit 10/20/18 \$1,968.61	\$925.23		75%	Ohio Rev. Code Ann. § 2329.66(A)(13)
(Husband's pay check) Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Better Banking Last deposit 10/20/18 \$1,968.61	\$925.23		\$231.31	Ohio Rev. Code Ann. § 2329.66(A)(3)
(Husband's pay check) Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
IRA: American Funds Line from Schedule A/B: 21.1	\$10,386.09	•	100%	11 U.S.C. § 522(b)(3)(C)
			100% of fair market value, up to any applicable statutory limit	
IRA: American Funds Line from Schedule A/B: 21.1	\$10,386.09		\$10,386.09	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)
			100% of fair market value, up to any applicable statutory limit	(
401k: Aimbridge Hospitality Line from Schedule A/B: 21.2	\$4,006.00		100%	11 U.S.C. § 522(b)(3)(C)
			100% of fair market value, up to any applicable statutory limit	
2018 Federal and State Tax Refunds Portions of the Federal Tax Refund, if	Unknown		100%	Ohio Rev. Code Ann. §2329.66(A)(9)(g)
any, attributable to earned income credit and/or additional child tax care credit are being claimed as 100% exempt. Portions of the tax refund not attributable to earned in Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	 .
Ameriprise Life Insurance Whole Life Insurance	\$13,492.00	•	\$13,492.00	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10,
Face value: \$263,492 Beneficiary: Spouse Cash surrender value: \$13,492 Beneficiary: Spouse Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	3911.12, 3911.14

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 5

	ief description of the property and line on chedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
W Fr In B C B	ew York Life Insurance Company //hole Life Insurance ace value: \$27,218.25	\$713.43		\$713.43 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
W Fr In B C B	ew York Life Insurance Company //hole Life Insurance ace value: \$26,705.75 sured: Child eneficiary: Debtor, Husband ash surrender value: \$935.98 eneficiary: Debtor, husband for from Schedule A/B: 31.4	\$935.98		\$324.07 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
	re you claiming a homestead exemption subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes	3 years after that for ca	ses fi	·	,

Fill in this info	Ill in this information to identify your case:						
Debtor 1							
	First Name	Middle Name	Last Name				
Debtor 2	Jill Jeanette Birel	ine					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO				
Case number	18-16461						
(if known)	10-10401			☐ Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

.0 1	the applicable statutory amount.				
Pa	rt 1: Identify the Property You Claim as E	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
De	ebtor 2 Exemptions				
	5925 Lee Road North Ridgeville, OH 44039 Lorain County	\$155,000.00		\$10,637.00	Ohio Rev. Code Ann. § 2329.66(A)(1)
	Lien: NationStar Bank / Mr. Cooper \$133,726.08 To retain and pay Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2020.00(1)(1)
	Household goods and furnishings. No single item has a value in excess	\$5,300.00		\$2,650.00	Ohio Rev. Code Ann. §
	of \$575 if individually owned and \$1,150.00 if jointly owned Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
	Television(s), VCR(s), computer(s),cell phone(s) ect No	\$700.00		\$350.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
	single item has a value in excess of \$575 if individually owned and \$1,150.00 if jointly owned Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	2023.00(A)(4)(a)
	Precious Moments Figurines \$300 Quarter Collection \$50	\$425.00		\$212.50	Ohio Rev. Code Ann. §
	Pictures \$75 Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(18)

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 4 of 5

So	ief description of the property and line on chedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
(H (V	lothing I) - Misc \$250 V) - Misc \$250	\$500.00	■	\$250.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Lii	ne from Schedule A/B: 11.1			any applicable statutory limit	
	ewelry I) - Misc \$50	\$700.00		\$650.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
(V	y) - Misc \$50 - Wedding ring \$600 ne from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	2020.00(~)(~)(0)
_	ash on hand I) - \$50	\$70.00		\$20.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
(V	r) - \$30 V) - \$20 ne from <i>Schedule A/B</i> : 16.1			100% of fair market value, up to any applicable statutory limit	2329.00(A)(3)
	018 Federal and State Tax Refunds	Unknown		100%	Ohio Rev. Code Ann.
Po at at ac be Po	018 Federal and State Tax Refunds ortions of the Federal Tax Refund, if my, tributable to earned income credit and/or diditional child tax care credit are eing claimed as 100% exempt. Ortions of the tax refund on attributable to earned in the from Schedule A/B: 28.1	Unknown		100% 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. §2329.66(A)(9)(g)
Per arrangement ar	ortions of the Federal Tax Refund, if ny, tributable to earned income credit nd/or dditional child tax care credit are eing claimed as 100% exempt. ortions of the tax refund ot attributable to earned in	of more than \$160,37	5?	100% of fair market value, up to any applicable statutory limit	§2329.66(A)(9)(g)

Fill in this informa	tion to identify you	ır case:			
Debtor 1	Chistopher Mic	hael Bireline			
	First Name	Middle Name Last Name		-	
Debtor 2	Jill Jeanette Bir	reline		_	
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bank	ruptcy Court for the	: NORTHERN DISTRICT OF OHIO		-	
Case number 18	-16461				
(if known)				☐ Check	if this is an
				ameno	led filing
Official Form	10CD				
Official Form					
Schedule D	: Creditors	s Who Have Claims Secure	d by Propert	у	12/15
		If two married people are filing together, both are e out, number the entries, and attach it to this form. C			
1. Do any creditors ha	ive claims secured by	y your property?			
□ No. Check the property of the property o	nis box and submit t	his form to the court with your other schedules.	You have nothing else	to report on this form.	
Yes. Fill in a	Il of the information	below.			
Part 1: List All S	Secured Claims				
		more than one secured claim, list the creditor separatel	Column A	Column B	Column C
for each claim. If more	e than one creditor has	is a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 GM Financi	al	Describe the property that secures the claim:	\$13,650.00	Unknown	Unknown
Creditor's Name		2016 Chevrolet Silverado			
		Lease:: GM Financial (\$426.59 / month 29 months remaining on lease term) To retain and pay As of the date you file, the claim is: Check all that			
Po Box 181 Arlington, T	-	apply. ☐ Contingent			
Number, Street, Ci	ty, State & Zip Code	☐ Unliquidated			
		Disputed			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
☐ Debtor 1 and Debt☐ At least one of the		☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this clair		☐ Other (including a right to offset)			
community debt					
	Opened 08/17 Last Active				
Date debt was incurr		Last 4 digits of account number 8338			
Lormet Con	nmunity				
Credit Unio		Describe the property that secures the claim:	\$4,108.00	\$1,500.00	\$2,608.00
Creditor's Name		2014 Chevrolet Mailbu			
		Lien: Lormet Community \$4,108.00			
4005 E 004b	0.4	To retain and pay As of the date you file, the claim is: Check all that			
1825 E 28th Lorain, OH		apply.			
	ty, State & Zip Code	☐ Contingent ☐ Unliquidated			
ramber, onest, of	.,, Sidio & Zip Oode	☐ Disputed			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		■ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

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Debtor 1 Chisto	pher Michael Bir	eline			Case number (if known)	18-16461	
First Nam	e Middle N	Name	Last Name				
Debtor 2 Jill Je							
First Nam	e Middle N	Name	Last Name				
☐ Debtor 1 and De	btor 2 only	☐ Statut	ory lien (such as tax lien, mechani	ic's lien)			
	e debtors and another	_	nent lien from a lawsuit	,			
☐ Check if this cla	nim relates to a	Other	(including a right to offset)				
community del	ot						
Date debt was incu	Opened 12/16/13 Last Active 3/28/18	La	est 4 digits of account number	0001	ı		
		_					
1231	r Bank / Mr.	D			\$133,726.00	\$155,000.00	\$0.00
Cooper Creditor's Name			the property that secures the c		Ψ133,720.00		Ψ0.00
Creditor's Name			ee Road North Ridgeville Lorain County	, OH			
			lationStar Bank / Mr. Coo	ner			
		\$133,72		pei			
		To reta	in and pay				
350 Highla	and Dr	As of the	date you file, the claim is: Chec	k all that			
Lewisville		apply. ☐ Contir	ngent				
	City, State & Zip Code	Unliqu					
		Disput					
Who owes the del	bt? Check one.		of lien. Check all that apply.				
Debtor 1 only			reement you made (such as morto	nane or s	secured		
Debtor 2 only		car lo		gage or s	scoured		
■ Debtor 1 and De	btor 2 only	☐ Statute	ory lien (such as tax lien, mechani	ic's lien)			
☐ At least one of th	e debtors and another	☐ Judgm	nent lien from a lawsuit				
☐ Check if this cla community deb			(including a right to offset)				
Date debt was incu	Opened 02/13 Last Active	I a	st 4 digits of account number	1308	3		
	<u> </u>		ast a digita of account number		-		
	-		n this page. Write that number h	nere:	\$151,484	4.00	
		the dollar	value totals from all pages.		\$151,484	4.00	
Write that numbe	r nere:				+ , - •		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in th	is information to identify yo	ur case:				
Debtor 1	Chistopher Mic	chael Bireline				
	First Name	Middle Name	Last Name	-		
Debtor 2						
(Spouse if,	filing) First Name	Middle Name	Last Name			
United S	tates Bankruptcy Court for the	e: NORTHERN DISTRI	CT OF OHIO			
Case nu	mber 18-16461					
(if known)	10-10401				□ Che	eck if this is an
					_	ended filing
o :	15 1005/5					
	I Form 106E/F					
	dule E/F: Creditors					12/15
Schedule left. Attac name and	G: Executory Contracts and Un D: Creditors Who Have Claims h Continuation Page to this case number (if known).	Secured by Property. If more page. If you have no inform	e space is needed, copy t	he Part you need, fill it out, n	number the entrie	es in the boxes on the
Part 1:	List All of Your PRIORITY					
_	ny creditors have priority unsec	ured claims against you?				
	o. Go to Part 2.					
□ Y	_					
Part 2:			_			
3. Do a	ny creditors have nonpriority ur	nsecured claims against you	1?			
□N	 You have nothing to report in the 	is part. Submit this form to the	e court with your other sche	dules.		
Y	es.					
unse	all of your nonpriority unsecure cured claim, list the creditor separ one creditor holds a particular clai 2.	ately for each claim. For each	claim listed, identify what t	ype of claim it is. Do not list clai	ims already includ	led in Part 1. If more
					т	Total claim
4.1	Barclays Bank Delaware	Last 4 di	gits of account number	5537		\$6,491.00
	Nonpriority Creditor's Name				_	
	Po Box 8803	When wa	as the debt incurred?	Opened 01/12 Last A 1/19/18	ctive	
	Wilmington, DE 19899	Wileii wa	as the debt incurred:	1/13/10		
	Number Street City State Zlp Cod		date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check of					
	Debtor 1 only	☐ Conti	_			
	Debtor 2 only	☐ Unliqu				
	Debtor 1 and Debtor 2 only	☐ Dispu				
	At least one of the debtors and		NONPRIORITY unsecured	I claim:		
	☐ Check if this claim is for a c debt					
	s the claim subject to offset?		ations arising out of a sepa priority claims	ration agreement or divorce tha	at you did not	
	■ No	<u></u>		g plans, and other similar debts	3	
	☐ Yes	Other	Specify Credit Card			
		— Julei	. Spoony			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 6

	or 1 Chistopher Michael Bireline or 2 Jill Jeanette Bireline		Case number (if known) 18-16461	
4.2	Birleine, Karen Jane	Last 4 digits of account number		\$42,000.00
	Nonpriority Creditor's Name 2405 N. Jackson Danville, IL	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	Student loans		
	debt	Obligations arising out of a sen	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or alverse that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Promissor	y Note	
4.3	Capital One	Last 4 digits of account number	0718	\$5,653.00
	Nonpriority Creditor's Name		0	
	Po Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	Opened 2/24/11 Last Active 3/09/18	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sep	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Credit Care	d	
4.4	Chase Card	Last 4 digits of account number	8270	\$36,463.00
	Nonpriority Creditor's Name		Onened 00/42 Leat Active	
	Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 08/12 Last Active 2/18/18	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Care	d	

Schedule E/F: Creditors Who Have Unsecured Claims

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	72 Jill Jeanette Bireline		Case number (if known)	18-16461	
4.5	Chase Card Nonpriority Creditor's Name	Last 4 digits of account number	4302	_	\$20,756.00
	Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 01/16 Lass 2/18/18	t Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separate and in the delian.		that you did not	
	No	report as priority claims Debts to pension or profit-shari	ng plans, and other similar de	ahte	
	☐ Yes	■ Other. Specify Credit Care	•		
4.6	Chase Card Nonpriority Creditor's Name	Last 4 digits of account number	0632		\$7,803.00
	Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 02/15 Last 3/09/18	t Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separate as priority claims	aration agreement or divorce	that you did not	
		report as priority claims Debts to pension or profit-sharing	as plane, and other similar de	ahta	
	■ No □ Yes	Other. Specify Credit Care			
4.7	Chase Card	Last 4 digits of account number	3595		\$3,107.00
	Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 03/12 Last 3/09/18	t Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	☐ Yes			v	
	□ res	Other. Specify Credit Care	<u>и</u>		

Schedule E/F: Creditors Who Have Unsecured Claims

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	r 2 Jill Jeanette Bireline		Case number (if known)	18-16461	
4.8	Citi / CostCo Anywhere Visa Nonpriority Creditor's Name	Last 4 digits of account number	2072	_	\$24,421.25
	Po Box 6190 Sioux Falls, SD 57117	When was the debt incurred?	Opened 03/13 Last 2/03/18	Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	d		
4.9	Citi Mastercard Nonpriority Creditor's Name	Last 4 digits of account number	4552		\$9,382.00
	P.O. Box 6500 Sioux Falls, SD 57117-6500	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	· ·	•	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit Care	d		
4.1	Discover Financial Services Llc	Last 4 digits of account number	3537		\$2,558.00
	Nonpriority Creditor's Name Po Box 15316 Wilmington, DE 19850	When was the debt incurred?	Opened 03/11 Last 2/26/18	Active	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit Care	t		

Schedule E/F: Creditors Who Have Unsecured Claims

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	T 2 Jill Jeanette Bireline		Case number (if known) 18-16461	
4.1	Lending Club Corp	Last 4 digits of account number	1173	\$8,827.00
	Nonpriority Creditor's Name 71 Stevenson St Ste 300 San Francisco, CA 94105	When was the debt incurred?	Opened 05/14 Last Active 3/15/18	_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		_
4.1	Loan Depot	Last 4 digits of account number	8458	\$6,283.14
	Nonpriority Creditor's Name P.o. Box 9225 Old Bethpage, NY 11804-9225	When was the debt incurred?		_
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	i.
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	I	_
4.1	Synchrony Bank / Amazon Nonpriority Creditor's Name	Last 4 digits of account number	8270	\$3,284.00
	Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 12/11 Last Active 2/25/18	_
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	_	report as priority claims Debts to pension or profit-sharir	on plans, and other similar debte	
	■ No			
	Yes	Other. Specify Charge Ac	Sount	_

Schedule E/F: Creditors Who Have Unsecured Claims

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Synchrony Bank / Sams Club Dc	Last 4 digits of account number	5277		\$10,490.
Nonpriority Creditor's Name	_	Opened 07/15 Last	t Active	
Po Box 965005 Orlando, FL 32896	When was the debt incurred?	1/24/18		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
☐ Yes	Other. Specify Credit Card	d		
List Others to Be Notified About a Deb	ot That You Already Listed			
his page only if you have others to be notified al ng to collect from you for a debt you owe to so more than one creditor for any of the debts that ed for any debts in Parts 1 or 2, do not fill out or	meone else, list the original creditor in you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the o	collection agency her	e. Similarly, if yo
	On which entry in Part 1 or Part 2 did you	list the original creditor?		
CostCo Anvwhere Visa	ine 4.8 of (<i>Check one</i>):	Part 1: Creditors with Priori	ity I Insecured Claims	

Part 4: Add the Amounts for Each Type of Unsecured Claim

c/o Atlantic Credit & Finance, Inc.

PO Box 13386 Roanoke, VA 24033

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

■ Part 2: Creditors with Nonpriority Unsecured Claims

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
			•	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.		6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 187,518.39
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 187,518.39

Last 4 digits of account number

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Chistopher Micha	ael Bireline		
	First Name	Middle Name	Last Name	
Debtor 2	Jill Jeanette Bire	line		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number	18-16461			
(if known)				☐ Check if this amended filin

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Fill in thi	s information to identify your	case:			
Debtor 1	Chistopher Mich	ael Bireline			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, f	Jill Jeanette Bire	line Middle Name	Last Name		
	ates Bankruptcy Court for the:	NORTHERN DISTRIC			
Case nur	mber 18-16461				
(if known)	10-10401				Check if this is an amended filing
	al Form 106H				
Sche	dule H: Your Cod	ebtors			12/15
fill it out, your nam		boxes on the left. Attac . Answer every question	ch the Additional Page to n.	o this page. On the top	eded, copy the Additional Page, of any Additional Pages, write
50	you have any codebiors. (II	you are ming a joint case	, do not not ouner opedace	do d codesion.	
■ No					
	ithin the last 8 years, have you				states and territories include
_	o. Go to line 3. es. Did your spouse, former spo	use, or legal equivalent li	ve with you at the time?		
in lir Forn	e 2 again as a codebtor only	if that person is a guara	intor or cosigner. Make s	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt that apply:
3.1				☐ Schedule D, line	
0.1	Name			□ Schedule E/F, lir □ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, lir	
	Number Street City	State	ZIP Code	_	

Debtor 1 Chistopher Michael Bireline Debtor 2	Fill	in this information to	identify your ca	se:							
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO Case number 18-16461	Deb	otor 1	Chistopher M	lichael Bireline							
Case number (If known) 18-16461			Jill Jeanette	Bireline							
Official Form 106 Schedule I: Your Income Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and your spouse is not filing with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Coccupation Employer's name Employer's name Employer's name Employer's address Occupation may include student or homemaker, if it applies. Employer's address S851 Legacy Circle #400 Plano, TX 75024 How long employed there? 10 years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. For Debtor 1 For Debtor 2 or non-filling spouse	Unit	ted States Bankrupt	cy Court for the:	NORTHERN DISTRIC	T OF OHIO		_				
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	1		16461					☐ An amended☐ A suppleme	nt shov		chapter
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	Of	fficial Form	106I							e following date.	
supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employed Separate Manager Aimbridge Hospitality Employer's address Sa51 Legacy Circle #400 Plano, TX 75024 How long employed there? 10 years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. For Debtor 1 For Debtor 1 For Debtor 2 or non-filing spouse. For Debtor 2 or non-filing spouse. For Debtor 2 or non-filing spouse.				me				IVIIVI / DD/ T	111		12/15
If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Employer's name Employer's name Employer's address Occupation Tay include student or homemaker, if it applies. Employer's address Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form. Debtor 1 Debtor 2 or non-filing spouse Employed Not employed Setting Hospitality 5851 Legacy Circle #400 Plano, TX 75024 How long employed there? 10 years For Debtor 1 For Debtor 2 or non-filing spouse	supp spou attac	plying correct infouse. If you are septiched a separate sheet	rmation. If you a arated and your at to this form. C	are married and not filir spouse is not filing wi	ng jointly, and your th you, do not inclu	spouse de infor	is liv mati	ing with you, inclu on about your spo	de info use. If	ormation about more space is r	your needed,
If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address S851 Legacy Circle #400 Plano, TX 75024 How long employed there? 10 years Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse	1.		pyment		Debtor 1			Debtor 2	or nor	n-filing spouse	
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. Employer's address Occupation Manager Aimbridge Hospitality 5851 Legacy Circle #400 Plano, TX 75024 How long employed there? 10 years Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse		If you have more than one job, attach a separate page with information about additional						■ Emplo	yed		
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Cocupation may include student or homemaker, if it applies. Employer's address Employer's address Bemployer's address The work of the seasonal, or self-employed there? The work of the seasonal, or self-employed the self-employer's address The work of the seasonal, or self-employer's name Employer's address The work of the seasonal, or self-employer's name Employer's address The work of the seasonal, or self-employer's name The work of the seasonal, or self-employer's name The work of the seasonal, or self-employer's name A imbridge Hospitality The seasonal, or self-employer's name The work of the seasonal, or seasonal, or self-employer's name The work of the seasonal, or seasonal, or self-employer's name The work of the seasonal, or seaso				Employment status	■ Not employed	☐ Not en	nploye	d			
Self-employed work. Occupation may include student or homemaker, if it applies. Employer's address The work long employed there? How long employed there? Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse				Occupation				Manage	r		
How long employed there? 10 years				Employer's name				Aimbrid	ge Ho	ospitality	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse				Employer's address							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse				How long employed th	nere?) year	rs	
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 7,225.01 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00	Estin spou If you more	mate monthly incouse unless you are sure sure sure sure sure sure sure su	me as of the da separated. spouse have more parate sheet to t ss wages, salary	te you file this form. If you the than one employer, conhis form. y, and commissions (be alculate what the monthly	mbine the informatio	on for all o	emplo	For Debtor 1	For I	e lines below. If y Debtor 2 or filling spouse 7,225.01	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ 0.00 \$ 7,225.01									_		

Case number (if known)

18-16461

					For	Debtor 1	For Debtor 2 or non-filing spouse		
	Copy	y line 4 here		4.	\$	0.00	\$	7,225.01	
							·	,	-
5.	List	all payroll deduct	tions:						
	5a.	Tax, Medicare,	and Social Security deductions	5a.	\$	0.00	\$	1,214.68	
	5b.		ributions for retirement plans	5b.	\$	0.00	\$	0.00	_
	5c.		ibutions for retirement plans	5c.	\$	0.00	\$	0.00	=
	5d.	-	ments of retirement fund loans	5d.	\$	0.00	\$	0.00	-
	5e.	Insurance		5e.	\$	0.00	\$	1,224.51	-
	5f.	Domestic supp	ort obligations	5f.	\$	0.00	\$	0.00	-
	5g.	Union dues	•	5g.	\$	0.00	\$	0.00	-
	5h.	Other deduction	ns. Specify:	5h.+	\$		+ \$	0.00	_
6.	Add		ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	2,439.19	-
7.	Calc	ulate total month	ly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	4,785.82	-
8.	List a 8a.	Net income from profession, or factured a statement	ent for each property and business showing gross y and necessary business expenses, and the total	8a.	\$	0.00	\$	0.00	
	8b.	Interest and div	idends	8b.	\$	0.00	\$	0.00	-
	8c.	regularly receiv Include alimony,	payments that you, a non-filing spouse, or a depende e spousal support, child support, maintenance, divorce property settlement.	dent 8c.	\$	0.00	\$	0.00	-
	8d.	Unemployment		8d.	\$	0.00	\$	0.00	_
	8e.	Social Security		8e.	\$	0.00	\$	0.00	=
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive sistance and the value (if known) of any non-cash assist such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.		\$	0.00	\$	0.00	-
	8g.	Pension or retir	ement income	8g.	\$	0.00	\$	0.00	-
	8h.	Other monthly i	ncome. Specify:	8h.+	\$	0.00	+ \$	0.00	-
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00)
				L					
10.	Calc	ulate monthly inc	come. Add line 7 + line 9.	10. \$		0.00 + \$	4,785.8	32 = \$	4,785.82
	Add t	the entries in line 1	10 for Debtor 1 and Debtor 2 or non-filing spouse.	-			,	- -	,
11.	I. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		e that amount on th	e last column of line 10 to the amount in line 11. The ne Summary of Schedules and Statistical Summary of Co.				, if it	2. \$	4,785.82
								Combin	
13.	Do y	ou expect an inc	rease or decrease within the year after you file this f	orm?				monthl	y income
		Yes. Explain:							

Filli	n this informa	ation to identify yo	ur case:							
Debt	tor 1	Chistopher N	Michael E	Bireline		- _		c if this is: An amended filing		
Debt	tor 2	Jill Jeanette	Bireline					ū	ving postpetition chapt	er
(Spo	use, if filing)					. .			the following date:	
1.1	! Ot-t D!-		NODTI	IEDNI DISTRICT OF C	NUIO		_	ANA / DD / YYYYY		
Unite	ed States Banki	ruptcy Court for the:	NORTE	IERN DISTRICT OF C	НЮ	-	IN	MM / DD / YYYY		
	e number 18	3-16461								
Of	ficial Fo	rm 106J								
Sc	hedule	J: Your I	Exper	ises					1	2/15
Be a	as complete a	and accurate as	possible eded, atta	If two married peop ch another sheet to t						
Part		ribe Your House	hold							
1.	Is this a joir									
	□ No. Go to	o line 2. es Debtor 2 live i		ata hawaahald?						
			n a separ	ate nousenoid?						
	■ N □ Y		t file Offici	al Form 106J-2, <i>Expe</i>	nses for Separate Ho	ousehold of	Debto	or 2.		
2.	Do you have	e dependents?	□ No							
	Do not list D Debtor 2.		Yes.	Fill out this information to			0	Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents				Daughter			13	■ Yes	
									□ No	
					Son			16	Yes	
									□ No	
									Yes	
									□ No	
3.	Do your exr	oenses include	_					-	☐ Yes	
	expenses o yourself and	f people other the d your depender	nan nts? □	No Yes						
exp app	mate your ex enses as of a licable date.	a date after the b	our bankr pankrupto	uptcy filing date unle y is filed. If this is a s	supplemental Sche				apter 13 case to repor f the form and fill in t	
the		h assistance and		government assistar cluded it on <i>Schedule</i>				Your exp	enses	
4.		or home ownersl and any rent for the		ses for your residen	ce. Include first mort	gage	1. \$		1,300.00	
	If not include	ded in line 4:								
	4a. Real e	estate taxes				48	a. \$		0.00	
		erty, homeowner's	, or renter	's insurance			o. \$		0.00	
		maintenance, re					c. \$		75.00	
E		owner's associati			a bama aguitulassa		d. \$		0.00	
5.	Additional r	nortgage payme	ints for yo	our residence , such a	s nome equity loans		5. \$		0.00	

Cubic Cub		tor 1	Chistopher Michael Bireline			49.46464
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. S 150,00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. S 442,00 6d. Other, Specify. 6d. S 0,00 7. Food and housekeeping supplies 7. S 895,00 8. Childcare and children's seducation costs 8. S 0,00 9. Clothing, laundry, and dry cleaning 9. S 250,00 10. Personal care products and services 10. S 195,00 11. Medical and dental expenses 11. S 450,00 12. Transportation, Include gas, maintenance, bus or train fare. Do not include care products as, maintenance, bus or train fare. Do not include care products as, maintenance, bus or train fare. Do not include care products as, maintenance, bus or train fare. Do not include care products and religious donations 13. S 0,00 14. Charitable contributions and religious donations 13. S 0,00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S 0,00 15c. Vehicle insurance 15c. S 140,50 15c. Vehicle insurance. Specify: 15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. Specify: 15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. Specify: City tax estimated payment 15c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance specify: 17c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance specify: 17c. Corter, Specify: 17d. Car payments for Vehicle 1 17d. Car payments on the specify: 17d. Corter, Specify: 17d. C	Deb	otor 2	Jill Jeanette Bireline	Case num	ber (if known)	10-10401
8b. Water, sewer, garbage collection 6c. Telephone, cell phone, linternet, satellite, and cable services 6c. \$ 442.00 6d. Orther, Spoodly 6d. Orther, Spoodly 7. Food and housekeeping supplies 7. \$ 895.00 8. Childcare and children's education costs 8. \$ 0.00 8. Childcare and children's education costs 9. \$ 250.00 10. Personal care products and services 10. \$ 195.00 11. Medical and dental expenses 11. \$ 450.00 12. Transportation. Include gas, maintenance, bus or train fare, 12. \$ 600.00 12. Transportation. Include gas, maintenance, bus or train fare, 13. Eleteralimment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 15. Insurance 16. Life insurance and religious donations 16. Life insurance and religious donations 17. Installment or losses specify 18. \$ 10.00 19. \$ 10	6.	Utilit				
6c. \$ 442,00 8d. Other, Speatly. 7. Food and housekeeping supplies 7. \$ 895,00 9. \$ 9. \$ 250,00 9. \$ 9. \$ 250,00 9. \$ 9. \$ 250,00 9. \$ 9. \$ 250,00 9			•		*	
8 d. Other. Spacify. 7 Food and housekeeping supplies 8 Clothing, Jaundry, and try cleaning 9 S S 250.00 10 Personal care products and services 11 S 450.00 11 Medical and dental expenses 12 S 600.00 13 February 12 S 600.00 14 February 12 S 600.00 15 Insurance 16 Charitable contributions and religious donations 17 Insurance 18 Do not include a payagement 19 S 0.00 10 Personal care products and services 10 S 195.00 11 S 600.00 12 Transportation, Include gas, maintenance, bus or train fare, Do not include car payagement 10 S 600.00 10 Personal care products and services 11 S 600.00 12 February 13 S 0.00 13 Eletraliment, clubs, recreation, newspapers, magazines, and books 14 S 0.00 15 Insurance 16 Charitable contributions and religious donations 16 Insurance 17 S 15 S 242.88 18 S 0.00 19 S 10 S					·	
7. Food and housekeeping supplies Childrare and children's education costs Childrare and					·	
8. Childcare and children's education costs 8. S 250.00	_		· · · · · · · · · · · · · · · · · · ·		·	
Cothing, laundry, and dry cleaning 9 \$ 250.00					·	
10. Personal care products and services 11. Medical and dental expenses 11. \$ 450.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 600.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 2.42.88 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: City tax estimated payment 15d. Other insurance. Specify: 15d. Other insurance. 15d. Other insurance. 15d. Other insurance. 15d. Other insurance. 15d. S 0.00 15d. Other insurance. 15d. S 0.00 15d. Other insurance. Specify: 16d. Taxes. Do not include sizes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specify: 17d. Car payments for Vehicle 1 17a. S 16d.59 17b. Car payments for Vehicle 1 17c. S 0.00 17c. Other. Specify: 17d. Other payments or Vehicle 2 17b. S 0.00 17c. Other. Specify: 17d. Other payments or Vehicle 2 17b. S 0.00 17c. Other payments or Vehicle 2 17c. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 17d. S 0.00 17d. Other payments or Vehicle 2 1	_	-			·	
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20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: Cigarettes Pet care, vet, food ect Emergency fund 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy upur monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year of do you expect your montage payment to increase or decrease because of a modification to the terms of your mortgage? No.						
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22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 6,316.97 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 4,785.82 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.						
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23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ -1,531.15 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.					T	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 4,785.82 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ -1,531.15 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	6,316.97
23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ -1,531.15 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.	23.	Calc	ulate your monthly net income.			
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ -1,531.15 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,785.82
The result is your monthly net income. 23c. \$ -1,531.15 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,316.97
The result is your monthly net income. 23c. \$ -1,531.15 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		220	Subtract your monthly expanses from your monthly income			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		236.		23c.	\$	-1,531.15
☐ Yes. Explain here:	24.	For exmodif	xample, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?			ease or decrease because of a
		☐ Y	es. Explain here:			

Fill in this inform	ill in this information to identify your case:								
Debtor 1	Chistopher Micha								
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO						
Case number	18-16461								
(if known)				☐ Check if this is a					
				amended filing					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below								
Di	id you pay or agree to pay someone who is NOT an attorney	to hel	elp you fill out bankruptcy forms?						
	No								
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)							
	Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.								
^	/s/ Chistopher Michael Bireline Chistopher Michael Bireline	- ^	X /s/ Jill Jeanette Bireline Jill Jeanette Bireline	—					
	Signature of Debtor 1		Signature of Debtor 2						
	Olymana of Doblor .		0.g. a.a. 0 0. 200.0. 2						
	Date October 25, 2018		Date October 25, 2018						

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Fill in	this info					
Debto		nation to identify you				
Debio	I I	Chistopher Mich	Middle Name	Last Name		
Debto	r 2	Jill Jeanette Bird	eline			
(Spouse	if, filing)	First Name	Middle Name	Last Name		
United	l States Ba	inkruptcy Court for the:	NORTHERN DISTRICT (OF OHIO		
Case	number	18-16461				
(if knowr	n)					heck if this is an mended filing
		rm 107				
Stat	ement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
inform	ation. If n	nore space is needed,	attach a separate sheet to		equally responsible for sup y additional pages, write you	
	-	n). Answer every que				
Part 1			arital Status and Where You	Lived Before		
1. W		r current marital statu	is?			
	Married Not ma					
2. Di	uring the l	ast 3 years, have you	lived anywhere other than	where you live now?		
	No					
	Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	I.	
D	ebtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there
					ity property state or territory	
states a	ana territoi	ies include Arizona, Ca	ilifornia, Idano, Louisiana, Ne	vada, New Mexico, Puerto R	ico, Texas, Washington and W	risconsin.)
	No					
Ц	J Yes. Ma	ake sure you fill out <i>Sci</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Expla	in the Sources of You	r Income			
Fi	II in the tot	al amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ndar years?
Г	l No					
		I in the details.				
			Dalifari 4		Dalifario	
			Debtor 1	Grans income	Debtor 2	Grand income
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$48,150.00	■ Wages, commissions, bonuses, tips	\$70,022.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

	<u></u>	. Councilo	D OO			,			
				Debtor 1		Debtor 2			
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)	
			■ Wages, commissions, bonuses, tips	\$46,828.00	■ Wages, combonuses, tips	■ Wages, commissions, bonuses, tips			
				☐ Operating a business		☐ Operating a	business		
		dar year be December		■ Wages, commissions, bonuses, tips	\$39,905.00	■ Wages, combonuses, tips	ımissions,	\$64,727.00	
				☐ Operating a business		☐ Operating a	business		
	List each	•	the gross inc	Debtor 1 Sources of income	tely. Do not include income	that you listed in lir Debtor 2 Sources of inc	ne 4.	Gross income	
				Describe below.	each source (before deductions and exclusions)	Describe below		(before deductions and exclusions)	
Pa	rt 3: Lis	t Certain Pa	yments Yo	u Made Before You Filed for	Bankruptcy				
6.	Are eithe ☐ No.	Neither D	ebtor 1 nor	2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househo	imer debts. Consumer deb	ts are defined in 11	U.S.C. § 10	01(8) as "incurred by an	
		□ No. □ Yes	Go to line List below paid that conot include	fore you filed for bankruptcy, di 7. each creditor to whom you pai creditor. Do not include paymer be payments to an attorney for the ont on 4/01/19 and every 3 years	d a total of \$6,425* or more tts for domestic support oblinis bankruptcy case.	in one or more pay gations, such as ch	rments and all all support a	and alimony. Also, do	
	■ Yes.			or both have primarily consurer you filed for bankruptcy, di		al of \$600 or more?	,		
		□ No. ■ Yes	include pa	7. each creditor to whom you pai yments for domestic support o or this bankruptcy case.					
	Creditor	's Name an	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this	payment for	
	350 Hig	Star Bank / hland Dr lle, TX 750	Mr. Coop	er 8/1/18 \$1,300 9/1/18 \$1,300 10/1/18 \$1,300	\$3,900.00	\$133,726.00			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

□ Other

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Official Form 107

Best Case Bankruptcy

page 3

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	Chistopher Michael Bireline Jill Jeanette Bireline			Case number (if known)	18-16461			
20.	J.O. 2	om beanette Bireinie			case namber (" mem,				
	_	accounts or refuse to make a payment because you owed a debt?							
	_	No Yes. Fill in the details.							
	Cred	itor Name and Address	Des	scribe the action the creditor took	Date a taken	action was	Amount		
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?								
	■ No □ Yes								
Par		List Certain Gifts and Contribution							
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No								
	Yes. Fill in the details for each gift.					Data and the second			
	Gifts with a total value of more than \$600 per person			Describe the gifts		Dates you gave the gifts	Value		
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?								
	NoYes. Fill in the details for each gift or contribution.								
	more than \$600			Describe what you contributed		ates you ontributed	Value		
	Charity's Name Address (Number, Street, City, State and ZIP Code)								
Par	t 6:	List Certain Losses							
15.		n 1 year before you filed for bankru mbling?	iptcy or	since you filed for bankruptcy, did	you lose anything be	cause of thef	t, fire, other disaster,		
	_								
	_ `	No ∕es. Fill in the details.							
	Describe the property you lost and De			ibe any insurance coverage for the loss		of your	Value of property		
				de the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property.		loss			
Par	t 7:	List Certain Payments or Transfer	s						
		•		d vou or anyone else acting on you	ır bobalf nav or transf	or any propo	rty to anyone you		
10.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
		No							
	Yes. Fill in the details.								
	Addr	on Who Was Paid ess il or website address		Description and value of any prop transferred		payment nsfer was	Amount of payment		
	Person Who Made the Payment, if Not You								
	KNEVEL LAW CO. L.P.A. 5250 Transportation Blvd #201 Garfield Heights, OH 44125 Garfield Heights, OH 44125 mknevel@knevellaw.com			Attorney Fees		18 \$800 5/18 \$450	\$1,250.00		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 18-16461

Par	19: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in for someone.								
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value				
Par	10: Give Details About Environmental Inform	aation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n the	ey occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e und	der or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	■ No								
	☐ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case				
Par	111: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 Chistopher Michael Bireline otor 2 Jill Jeanette Bireline			Case number (if known)	18-16461			
	■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business.							
	☐ Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code)	Describe the na	ature of the business	ess Employer Identification number Do not include Social Security number or ITIN.				
28.	 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Incluinstitutions, creditors, or other parties. No Yes. Fill in the details below. 							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Par	t 12: Sign Below							
are with	ve read the answers on this <i>Statement of Fir</i> true and correct. I understand that making a a bankruptcy case can result in fines up to l.S.C. §§ 152, 1341, 1519, and 3571.	false statement,	concealing property	, or obtaining money or				
/s/ Chistopher Michael Bireline			Jeanette Bireline					
Chistopher Michael Bireline Signature of Debtor 1			anette Bireline ure of Debtor 2					
Dat	e October 25, 2018	Date	October 25, 2018					
Did ■ N	.•	ent of Financial A	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?			
	.•	·		ruptcy forms? tion, and Signature (Offici	al Form 119).			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this inforr	nation to identify your	case:		
Debtor 1	Chistopher Micha	el Bireline		
	First Name	Middle Name	Last Name	
Debtor 2	Jill Jeanette Birel	ine		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number	18-16461			
(if known)	10 10 10			☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

 For any creditors that you listed in Part 1 of Schedule D information below. 	: Creditors Who Have Claims Secured by Property (C	official Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's GM Financial name:	 ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a 	□ No ■ Yes
Description of property Lease:: GM Financial (\$426.59 / month 29 months remaining	Reaffirmation Agreement. Retain the property and [explain]:	
on lease term) To retain and pay	Retain collateral and continue making payments pursuit to terms of contract	
Creditor's Lormet Community Credit Union name:	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
Description of property securing debt: 2014 Chevrolet Mailbu Lien: Lormet Community \$4,108.00 To retain and pay	 □ Retain the property and enter into a Reaffirmation Agreement. ■ Retain the property and [explain]: Retain collateral and continue making payments pursuit to terms of contract 	☐ Yes
Creditor's NationStar Bank / Mr. Cooper name:	 ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a 	□ No ■ Yes

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Official Form 108

Best Case Bankruptcy

page 1

Statement of Intention for Individuals Filing Under Chapter 7

	opher Michael Bireline eanette Bireline	Case number (if known)	18-16461
Description of property securing debt:	5925 Lee Road North Ridgeville, OH 44039 Lorain County Lien: NationStar Bank / Mr. Cooper \$133,726.08 To retain and pay	Reaffirmation Agreement. Retain the property and [explain]: Retain collateral and continue making payments pursuit to terms of contract	-
For any unexpired in the information	below. Do not list real estate leases. Un	in Schedule G: Executory Contracts and Unexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.
Describe your un	expired personal property leases		Will the lease be assumed?
Lessor's name: Description of least Property:	sed		□ No
Lessor's name: Description of leas	and		□ No
Property:	sed		☐ Yes
Lessor's name: Description of leas Property:	sed		□ No □ Yes
Lessor's name: Description of leas	sed		□ No
Property:			☐ Yes
Lessor's name: Description of leas Property:	sed		□ No
			⊔ Yes
Lessor's name: Description of leas	sed		□ No
Property:	•		☐ Yes
Lessor's name: Description of leas	sed		□ No
Property:			☐ Yes
Part 3: Sign Be	PIOW		

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Chistopher Michael Bireline
Chistopher Michael Bireline

Signature of Debtor 1

October 25, 2018

X /s/ Jill Jeanette Bireline

Jill Jeanette Bireline Signature of Debtor 2

Date **October 25, 2018**

Official Form 108

Date

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Fill in this inforn	Fill in this information to identify your case:						
Debtor 1	Chistopher Michael Bireline						
Debtor 2 (Spouse, if filing)	Jill Jeanette Bireline						
United States Bankruptcy Court for the:		Northern District of Ohio					
Case number (if known) 18-16461							

Check one box	only a	as d	lirected	in	this	form	and	in	Form
122A-1Supp:									

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.

Column B

Debtor 2 or

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Debtor 1

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				2000		non-	filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commissi	ons (before all	\$	5,663.00	\$	7,223.67
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	0.00
4.	All amounts from any source which are regularly partial of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	. Include regula d, your depende	r contributions ents, parents,	\$	0.00	\$	0.00
5.	Net income from operating a business, profession,	or farm					
		Del	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from a business, profession, or far	m \$ 0.00	Copy here ->	\$	0.00	\$	0.00
6.	Net income from rental and other real property	_	-		_		
		Del	otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00
7	Interest, dividends, and royalties			\$	0.00	\$	0.00

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Case number (if known)

18-16461

	Column A Debtor 1		Column B Debtor 2 o	
Unemployment compensation	\$	0.00	\$	0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	er		·	
For you\$				
For your spouse \$ 0.00				
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$	0.00	\$	0.00
D. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.				
·	\$	0.00	\$	0.00
	\$	0.00	\$	0.00
Total amounts from separate pages, if any.	+ \$	0.00	\$	0.00
Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	5,663.00	+ \$ _	7,223.67	= \$ 12,886.67
t 2: Determine Whether the Means Test Applies to You				Total current monthly income
2. Calculate your current monthly income for the year. Follow these steps:				
	0			
12a. Copy your total current monthly income from line 11	Сор	y line 11	nere=>	\$12,886.67
Multiply by 12 (the number of months in a year)				x 12
12b. The result is your annual income for this part of the form			12k	o. \$ 154,640.04
B. Calculate the median family income that applies to you. Follow these steps:				
Fill in the state in which you live.				
Fill in the number of people in your household.				
Fill in the median family income for your state and size of household.			13.	s 85,294.00
To find a list of applicable median income amounts, go online using the link specifier for this form. This list may also be available at the bankruptcy clerk's office.	d in the separ	ate instru		
. How do the lines compare?				
14a. Line 12b is less than or equal to line 13. On the top of page 1, check be	ox 1, There is	no presui	mption of abus	se.
Go to Part 3.				
Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The p</i> Go to Part 3 and fill out Form 122A-2.	oresumption o	f abuse is	s aeterminea b	by Form 122A-2.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The p</i>	oresumption o	f abuse is	s aeterminea b	by Form 122A-2.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The p</i> Go to Part 3 and fill out Form 122A-2.	·			,
 Line 12b is more than line 13. On the top of page 1, check box 2, The page 1. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this section. 	statement and	in any at		,
Line 12b is more than line 13. On the top of page 1, check box 2, The page 1. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this significant to the page 1. X /s/ Chistopher Michael Bireline Chistopher Michael Bireline Jill Je	statement and Jeanette B anette Birel	in any at ireline ine		,
Line 12b is more than line 13. On the top of page 1, check box 2, The page 1. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this signature of Debtor 1 Date October 25, 2018 Date October 10 Chistopher Michael Bireline Signature of Debtor 1 Date October 25, 2018 Date October 25, 2018	Jeanette B anette Birel ure of Debtor 2	in any at ireline ine		,
Line 12b is more than line 13. On the top of page 1, check box 2, The page 1. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this signature of Debtor 1 Date October 25, 2018 Date October 25, 2018 Date October 25, 2018	Jeanette B anette Birel ure of Debtor 2	in any at ireline ine		,

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

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Fill in this information to identify your case:					
Debtor 1	Chistopher Michael Bireline				
Debtor 2	Jill Jeanette Bireline				
(Spouse, if filing)				
United States Bankruptcy Court for the: Northern District of Ohio					
Case number (if known)	18-16461				

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this Statement:
☐ 1. There is no presumption of abuse.
2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Par	t 1:	Determine Your Adjusted Income					
1.	Сору	our total current monthly income. Copy	line 11 from Official Fo	rm 122A-1	l here=>	\$	12,886.67
2.	□ No. ■ Yes	u fill out Column B in Part 1 of Form 122A-1? Fill in \$0 for the total on line 3. Is your spouse Filing with you? Io. Go to line 3. Yes. Fill in \$0 for the total on line 3.					
3.	On line expens	e your current monthly income by subtracting any part of hold expenses of you or your dependents. Follow these set 11, Column B of Form 122A-1, was any amount of the incoses of you or your dependents? Fill in 0 for the total on line 3. Fill in the information below:	eps:			ed for the h	nousehold
	ı	State each purpose for which the income was used For example, the income is used to pay your spouse's tax desupport other than you or your dependents.	Fill in the are subtra your spou	acting from	m		
		Total.	_	0.00	copy total here=	=> - \$	0.00
4.	Adjust	your current monthly income. Subtract line 3 from line 1				\$	12,886.67

Official Form 122A-2

Chapter 7 Means Test Calculation

page 1

Part 2:

Debtor 1

Debtor 2

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

18-16461

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,694.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 52
- 7b. Number of people who are under 65 X 4
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 208.00 Copy here=> \$ 208.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X 0
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00
- 7g. Total. Add line 7c and line 7f \$ ______ \$ Copy total here=> \$ ______ \$

Official Form 122A-2

Chapter 7 Means Test Calculation

page 2

Debtor 1

Debtor 2

Case number (if known) 18-16461

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S.	Trustee Program has divided the IRS Local Standard for housing for
bankruptcy purposes into two parts:	

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
NationStar Bank / Mr. Cooper	\$ 1,300.00

Total average monthly payment \$ 1,300.00 Copy here=> -\$ 1,300.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 392.00

Official Form 122A-2

Chapter 7 Means Test Calculation

page 3

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Debtor 1

Debtor 2

Case number (if known)

18-16461

13.	You may		rpense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for
Va	hicle 1	Describe Vehicle 1	2014 Chayrolat Mailbu Lian: Lormat Community \$4 108 00 To

retain and pay

13a. Ownership or leasing costs using IRS Local Standard.....\$ 497.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
Lormet Community Credit Union	\$	70.00

Total Average Monthly Payment \$ 70.00 | Copy here:

70.00 Copy here => -\$ 70.00 Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ _____427.00 | Copy net Vehicle 1 expense here => \$ _____427.00

Vehicle 2 Describe Vehicle 2: 2016 Chevrolet Silverado Lease:: GM Financial (\$426.59 / month -- 29 months remaining on lease term) To retain and pay

13d. Ownership or leasing costs using IRS Local Standard.....\$ 497.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
GM Financial	\$	234.30

Total Average Monthly Payment \$ 234.30 Copy here 234.30

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.

\$ ______ Copy net Vehicle 2 expense here => \$ _____ 262.70

Repeat this

line 33c.

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Official Form 122A-2

Chapter 7 Means Test Calculation

page 4

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Debtor 1

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment

expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

income, if it is not reimbursed by your employer.

6,262.70

0.00

Debtor 1 Debtor 2

Add	itional Expense Deductions These are additional c	deductions allowed by the	e Means Test.		
	Note: Do not include a	any expense allowances	listed in lines 6-24.		
25.	Health insurance, disability insurance, and health s insurance, disability insurance, and health savings according your dependents.				
	Health insurance	\$0.00_			
	Disability insurance	\$0.00_			
	Health savings account	+ \$1,224.00			
	Total	\$1,224.00	Copy total here=>	\$	1,224.00
	Do you actually spend this total amount?				
	☐ No. How much do you actually spend?				
	Yes	\$			
26.	Continued contributions to the care of household of continue to pay for the reasonable and necessary care your household or member of your immediate family while include contributions to an account of a qualified ABLE	and support of an elderly no is unable to pay for su	y, chronically ill, or disabled member of ich expenses. These expenses may	\$	0.00
27.	Protection against family violence. The reasonably n safety of you and your family under the Family Violence				
	By law, the court must keep the nature of these expens	es confidential.		\$	0.00
28.	Additional home energy costs. Your home energy coline 8.	sts are included in your	insurance and operating expenses on		
	If you believe that you have home energy costs that are 8, then fill in the excess amount of home energy costs.	e more than the home er	ergy costs included in expenses on line		
	You must give your case trustee documentation of your amount claimed is reasonable and necessary.	r actual expenses, and y	ou must show that the additional	\$	0.00
29.	Education expenses for dependent children who ar \$160.42* per child) that you pay for your dependent chi public elementary or secondary school.				
	You must give your case trustee documentation of your claimed is reasonable and necessary and not already a				
	* Subject to adjustment on 4/01/19, and every 3 years a	after that for cases begui	n on or after the date of adjustment.	\$	0.00
30.	Additional food and clothing expense. The monthly a higher than the combined food and clothing allowances than 5% of the food and clothing allowances in the IRS	in the IRS National Star			
	To find a chart showing the maximum additional allowal instructions for this form. This chart may also be available.				
	You must show that the additional amount claimed is re	easonable and necessary	<i>/</i> .	\$	58.00
31.	Continuing charitable contributions. The amount that instruments to a religious or charitable organization. 26	at you will continue to con U.S.C. § 170(c)(1)-(2).	ntribute in the form of cash or financial	+\$	0.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	1,282.00

Official Form 122A-2

Chapter 7 Means Test Calculation

Debtor 1 Debtor 2

Dedu	ctions for Debt Payment					
	or debts that are secured by an intaction	terest in property that you own, including hom	e mor	rtgages, vehicle		
To	•	y payment, add all amounts that are contractually	due to	each secured		
	Mortgages on your home:					verage monthly
3a.	Copy line 9b here				=> \$	1,300.00
	Loans on your first two vehicles	s:				
3b.	Copy line 13b here				=> \$	70.00
3c.					=> \$	234.30
3d.	List other secured debts:					
ame	of each creditor for other secured deb	Identify property that secures the debt		Does payment include taxes insurance?		
				□ No		
	-NONE-			☐ Yes	\$	
					Ψ	
				□ No		
					\$	
				□ No		
				☐ Yes	+\$	
					-Ψ, 	
					Сору	
3e.	Total average monthly payment. Ac	dd lines 33a through 33d	\$_	1,604.30	total here=>	\$ 1,604.30
		e 33 secured by your primary residence, a vehi ur support or the support of your dependents?				
	No. Go to line 35.					
		must pay to a creditor, in addition to the payments assession of your property (called the <i>cure amount</i>) the information below.				
Nam	e of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
-NO	NE-			\$	- 60 = \$	
					7	
		Tot	al \$_	0.00	Copy total here=>	\$0
		h as a priority tax, child support, or alimony - 1 your bankruptcy case? 11 U.S.C. § 507.	hat			
_	· -	your summapley ease: 11 0.3.0. § 307.				
	- 110. 00 10 11110 00.	of these priority claims. Do not include current or				
		h as those you listed in line 19.				

Official Form 122A-2

Chapter 7 Means Test Calculation

For more inf	gible to file a case under Chapter 13? 11 U.S.C. § 1 formation, go online using the link for Bankruptcy Basifor this form. Bankruptcy Basics may also be available	ics specified in the se					
□ No. G	o to line 37.						
■ Yes. Fi	III in the following information.						
Pi	rojected monthly plan payment if you were filing under	r Chapter 13	\$	1,6	04.00		
Ao ar	urrent multiplier for your district as stated on the list is dministrative Office of the United States Courts (for diend North Carolina) or by the Executive Office for Unite or all other districts).	stricts in Alabama	Х	5.2	0		
th	o find a list of district multipliers that includes your dist the link specified in the separate instructions for this for the available at the bankruptcy clerk's office.					Copy total	
A۱	verage monthly administrative expense if you were fili	ng under Chapter 13	1	\$83		here=> \$	83.41
	the deductions for debt payment. 33e through 36.					\$	1,687.71
Total Deductio	ns from Income						
38. Add all of the	he allowed deductions.						
Copy line 2 expense a	24, All of the expenses allowed under IRS llowances	\$6,262	2.70				
Copy line 3	32, All of the additional expense deductions	\$ 1,282	2.00				
Copy line 3	37, All of the deductions for debt payment	+\$ 1,687	7.71				
	Total deductions	\$	2.41	Copy total	here	=> \$	9,232.41
Part 3: Determ	mine Whether There is a Presumption of Abuse						
39. Calculate m	nonthly disposable income for 60 months						
39а. Сору	line 4, adjusted current monthly income	\$ 12,886	6.67				
39b. Copy	line 38, Total deductions	- \$	2.41				
	nly disposable income. 11 U.S.C. § 707(b)(2). act line 39b from line 39a	\$ 3,654	1.26	Copy here=>\$		3,654.2	26
For the nex	xt 60 months (5 years)				x 60		
	· · · · · · · · · · · · · · · · · · ·				7		
39d. Total	. Multiply line 39c by 60	39d. \$	21	9,255.60	Copy here=>	. \$	219,255.60
40. Find out wh	nether there is a presumption of abuse. Check the	box that applies:			_		
☐ The line	e 39d is less than \$7,700*. On the top of page 1 of the	is form, check box 1,	There	e is no presu	mption o	of abuse. Go	to Part 5.
	2 39d is more than \$12,850*. On the top of page 1 of you claim special circumstances. Go to Part 5.	this form, check box	2, Th	ere is a pres	umption	of abuse. Y	ou may fill out
☐ The line	39d is at least \$7,700*, but not more than \$12,850)*. Go to line 41.					
*Subject to a	adjustment on 4/01/19, and every 3 years after that fo	r cases filed on or aft	ter the	date of adju	ıstment.		
				•			

Official Form 122A-2

Chapter 7 Means Test Calculation

page 8

Debtor 1 Debtor 2

41.	41a.	Fill in the amount of your total nonpriority unsecured debt. A Summary of Your Assets and Liabilities and Certain Statistica Schedules (Official Form 106Sum), you may refer to line 3b on	l Informatio		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 70 Multiply line 41a by 0.25		he he	ppy ere=> \$
25%	of y	ne whether the income you have left over after subtracting al our unsecured, nonpriority debt. e box that applies:			
		39d is less than line 41b. On the top of page 1 of this form, che Part 5.	ck box 1, Ti	nere is no presumption of abuse	
		39d is equal to or more than line 41b. On the top of page 1 of talent in the top of page 1 of the sumption of abuse. You may fill out Part 4 if you claim special circular in the sum of			
Part 4:	Giv	e Details About Special Circumstances			
reasoi	. Go s. Fill iter Yo	re any special circumstances that justify additional expenses alternative? 11 U.S.C. § 707(b)(2)(B). In the following information. All figures should reflect your average. You may include expenses you listed in line 25. In must give a detailed explanation of the special circumstances to cessary and reasonable. You must also give your case trustee dejustments.	ge monthly hat make th	expense or income adjustment se expenses or income adjustme	for each ents
	G	ive a detailed explanation of the special circumstances		Average monthly expense or income adjustment	
	D	ebtor husband no longer employed - net		\$	
				\$	
	_			\$	
	_			\$	
Part 5:	_	n Below			
	By si	gning here, I declare under penalty of perjury that the information	on this stat	ement and in any attachments is	s true and correct.
>		Chistopher Michael Bireline X histopher Michael Bireline		eanette Bireline ette Bireline	
	Sig	pature of Debtor 1		of Debtor 2	
Date		Etober 25, 2018 M / DD / YYYY Date	October MM / DD		

Official Form 122A-2

Chapter 7 Means Test Calculation

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	¢310	total foo

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

1. Pursi comp be re	DISCLOSURE OF COMPENS nant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) pensation paid to me within one year before the filing ondered on behalf of the debtor(s) in contemplation of of For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due source of the compensation paid to me was: Debtor Other (specify):	o, I certify that I am the attorn of the petition in bankruptcy, or in connection with the ban	ney for the above name, or agreed to be paid alkruptcy case is as follows: \$\$	ed debtor(s) and that to me, for services rende	red or to
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J. 1110 .	source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4. ■ I	have not agreed to share the above-disclosed compen	sation with any other person	unless they are memb	pers and associates of my	law firm.
	have agreed to share the above-disclosed compensation opy of the agreement, together with a list of the name				irm. A
5. In re	turn for the above-disclosed fee, I have agreed to rend	ler legal service for all aspect	ts of the bankruptcy ca	ase, including:	
b. P c. R	reparation and filing of any petition, schedules, statem representation of the debtor at the meeting of creditors of the provisions as needed] See written contract which sets forth term not a part of the contract and is provided to	nent of affairs and plan which and confirmation hearing, and as and conditions of emp	n may be required; and any adjourned hear	ings thereof;	
6. By a	greement with the debtor(s), the above-disclosed fee d	oes not include the following	g service:		
		CERTIFICATION			
	ify that the foregoing is a complete statement of any a uptcy proceeding.	greement or arrangement for	payment to me for re	presentation of the debto	or(s) in
Octol Date	per 25, 2018	/s/ Mark H. Knevel (0 Signature of Attorne KNEVEL LAW CO 5250 Transportat Garfield Heights, (216) 523-7800 F mknevel@knevel	0029285) D. L.P.A. ion Blvd #201 OH 44125 Fax: (216) 523-7801		-

United States Bankruptcy Court Northern District of Ohio

In re	Jill Jeanette Bireline		Case No.	18-16461
		Debtor(s)	Chapter	7
	VERIF	ICATION OF CREDITOR	R MATRIX	
ie abo	ove-named Debtors hereby verify that	the attached list of creditors is true and	correct to the best	of their knowledge.
Date:	October 25, 2018	/s/ Chistopher Michael Bireli	ne	
		Chistopher Michael Bireline		

Signature of Debtor

/s/ Jill Jeanette Bireline
Jill Jeanette Bireline
Signature of Debtor

Date: October 25, 2018